

Texas Commission on Environmental Quality

Exemption §106.392 Checklist (Previously Standard Exemption 113) Fiberglass Reinforced Plastics (FRP) and Cultured Marble Facilities

The following checklist has been developed by the Texas Commission on Environmental Quality (TCEQ) to provide verification that the basic requirements of Exemption §106.392, previously Standard Exemption 113, are met.

approj	priate Y	es or No	follow the format of Exemption No. §106.392, previously Standard Exemption 113. Check the box, and provide information in the blank spaces. If additional specific information needs to be given page and explain which question or blank space is being referenced.
Gener	al Requ	irements	
Type of operation: Spray			ray Wind Mold Marble Other
Amount of Resin Used:			l:tons/year; Styrene Content%
Amount of Gelcoat Used:			ed:tons/year; Styrene Content%
Amou	nt of Ac	etone U	sed: tons/year. Note: $2,000 pounds = 1 ton$
Specif	ic Requ	irements	
YES	<u>NO</u>	Descr	<u>iption</u>
		(a)	The facility will be registered by using TCEQ Form PI-7.
		(b)	The owner or operator of this facility will keep records of resin (including gelcoat) and acetone usage
			in pounds.
		(c)	Material usage will be recorded on a monthly and year-to-date basis.
		(d)	These records will be maintained on site for at least two years.
		(e)	All spraying and cleaning operations will be conducted between 2 hours before sunrise and 2 hours
			after sunset.
		(f)	The exhaust fan(s) will be operated during and at least 30 minutes after usage of resin and cleaning
			solvents.
		(g)	All trimming and grinding operations will be vented through a dry filter or water wash system which
		,_,	will achieve 95% or greater removal efficiency of particulate matter.
		(h)	Ventilative requirements: Emissions will be vented through uncapped vertical stack(s)
		. ,	(1) The flourate of each stack is cubic feet per minute.
			(2) The height of each stack is feet above ground level.

Exemption §106.392, previously Standard Exemption 113, Checklist

(i) My	operation will be conducted: outdoor If outdoor, resin usage rate	
Please complete the following		
Name:	Company:	<u>-</u>
Title:	Facility Name:	_
Phone#: ()	Account ID#:	-
FAX#: ()	Location:	
Signature of Company Office	cer I	Date